PTO/SB/17 (01-06)

Fee Paid (\$) \$0.00

Fees Paid (\$)

Fee (\$)

TANK The Paperwork Reduction	on Act of 1995	no persons are required	d to resp		and Trade	mark Office; U.S. DEP	07/31/2006. OMB 0651-0032 PARTMENT OF COMMERCE a valid OMB control number
				Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			1	Application Num	ımber 10/700,761		
FEE TR	ANS	MIIIAL	- [Filing Date	N	lovember 4, 2003	3
For	r FY 2	006		First Named Inv	entor J	ames D. Carper	
				Examiner Name	· N	Matzek, Matthew D.	
Applicant claims small entity status. See 37 CFR 1.27		— <u>[</u>	Art Unit	1	1771		
TOTAL AMOUNT OF PAYM	MENT \$	1,810.00		Attorney Docket	No. 1	00-00222	
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 01.2000 Deposit Account Name: Andrus, Sceales, Starke & Sawall, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEAR	1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEAF Small Entity			CH FEES EXAMINATION FEES Small Entity Small Entity			
Application Type	Fee (\$)		ee (\$)	Fee (\$)	Fee (\$	Fee (\$)	Fees Paid (\$)
Utility	300	150 5	00	250	200	100	*****
Design	200	100 1	00	50	130	65	
Plant	200		00	150	160	80	
Reissue	300	150 5	00	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues)						<u>Fee (\$)</u> 50	Small Entity Fee (\$) 25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims For (\$) For Boild (\$)						360 Multiple Dec	180 pendent Clai <u>ms</u>
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> - 20 = x =\$0.00						Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims							
HP = highest number of indep			3.				
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							

Other (e.g.,	,020 \$1,810.00	
SUBMITTED BY		
Signature	Mattomey/Agent) 28,922	Telephone 414-271-7590
Name (Print/Type)	Thomas M. Wozny	Date September 27, 2006

listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

Number of each additional 50 or fraction thereof

___ (round **up** to a whole number) x

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

/ 50 =

Extra Sheets

Non-English Specification, \$130 fee (no small entity discount)

Total Sheets

4. OTHER FEE(S)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.